



12-26-02

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PTO/SB/83 (03-02)
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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT	Application Number	10/058,267
	Filing Date	1-25-02
	First Named Inventor	DICKMAN
	Group Art Unit	1655
	Examiner Name	
	Attorney Docket Number	P-693

To: Assistant Commissioner for Patents
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

Termination of employment with Transgenomic, Inc.

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1. ☐ The correspondence address is NOT affected by this withdrawal.

2. ☒ Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS

☐ Customer Number → Place Customer Number Bar Code Label here

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Keith Johnson, Esq.		
Address	Transgenomic, Inc.		
Address	12325 Emmett Street		
City	Tel: (402) 452-5487	State	ZIP
Country	Fax: (402) 452-5447		
Telephone		Fax	

☒ This request is made on behalf of myself and

☐ all the attorneys/agents of record,

☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or

☐ the attorneys/agents associated with Customer Number _____

This request is enclosed in triplicate (including any attachments).

Name	John F. Brady	Reg No	39,118
Signature	<i>[Signature]</i>		
Date	23 DEC 02		

NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.